

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>	<i>692/01</i>	<i>6/22</i>
O.I.P.E. CLASSIFIER	<i>CS</i>	<i>59227</i>	<i>7/15/99</i>
FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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RECT AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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